

AGN. NO. _____

MOTION BY SUPERVISOR DON KNABE

May 30, 2006

After much review of the differing expert opinions we have received, I will vote to separate the Department of Health Services into public health and personal health. This will strengthen public health. But I strongly feel we can strengthen both public health and personal health further through later additional actions. I am, therefore, proposing amendments to ensure that over time, we further refine the organization and also make sure that the two entities collaborate to integrate services. Today's decision is a beginning. There is more to be done.

First, some of the programs we are transferring today to the new Public Health Department may not be essential to its core mission of protecting the public's health through prevention, surveillance, assurance and program planning. Examples of such programs, which seem more like personal health than public health, include residential housing for the medical needy, substance abuse treatment programs, hospice care, court-mandated drinking driver services and medical and dental care for HIV-infected patients.

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They have been under public health management in Health Services, so it is reasonable to initially transfer them for continuity of management. But longer term, to focus the Public Health Department totally on its core mission, it must be freed from the distractions of managing programs not essential to that mission. We should, therefore ask, once the dust of the separation settles, whether there is a better organizational place for each of these programs.

Second, ongoing oversight will be needed to ensure effective service integration. Such integration was the theme 34 years ago when the Board of Supervisors merged the Department of Public Health with the Department of Hospitals. But a lot has changed since then. Thirty four years ago, there was no HIV/AIDS, no Ebola, no West Nile Virus and no potential Avian Flu epidemic. Bioterrorism, was not a big concern. Today, monumental issues like those lead us to separate public health from personal health.

But the benefits of service integration and teamwork are still as compelling today as they were 34 years ago. We must still pursue those benefits wherever there is opportunity to improve County services or achieve savings. This is why, at the Board's request, the CAO is facilitating a Memorandum of Understanding (MOU) between Personal Health and Public Health. An MOU with Mental Health is also forthcoming. These MOU's will address how the departments will use their expertise to integrate services to County residents. This is especially vital in disaster preparedness and response. Also, achieving true teamwork will require commitment of County and health officials from top to bottom. It must start at the top with Board and CAO oversight and encouragement to insure that these integration efforts work well.

I, THEREFORE MOVE, THAT the Board of Supervisors:

- 1) Approve the CAO's recommendation creating an independent Public Health Department;
- 2) Instruct the CAO to: A) report to the Board on the separation's progress on a monthly basis for the first three months of operation and quarterly thereafter for the first year to ensure that the transition occurs orderly and without incident;
B) produce, within one year from today, an expert and independent review of the impact of the separation that includes, but not limited to, the effectiveness of the MOU between the departments of Personal Health, Public Health, and Mental Health to foster greater teamwork and service integration; and C) provide the Board a report, within one year from today, that identifies current Public Health responsibilities that are not aligned with its core mission and which recommends the most appropriate organizational setting for each of these programs.

The reports specified in items B and C above are to be developed in consultation with SEIU 660 affected departments, County Commissions, medical and hospital representatives, and health care advocates.

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